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RESEARCH ON CHILD ABUSE IN THE U.S. ARMED FORCES

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ABSTRACT

Child maltreatment in the United States has provoked considerable interest in recent years. Child abuse and neglect are prevalent in all parts of American society. Although children of military personnel experience maltreatment, little research has been completed which compares child abuse rates in the military with those for civilian populations. Studies that have assessed child abuse in the armed forces have been based on official reports recorded in military Family Advocacy central registries. Because a standardized method for recording child abuse does not exist, conclusions regarding the prevalence of abuse are often inaccurate. We explore this and other methodological constraints such as differences in definitions, data collection procedures, and utilization of records, which make estimating child abuse accurately in both military and civilian populations difficult. A review of the literature on child maltreatment in the services also reveals that there are many correlates of child abuse unique to the military family. Finally, we discuss both the risk and protective factors within military life that may influence the occurrence of child maltreatment.

SUMMARY

Problem.

Child abuse and neglect are prevalent in all parts of American society. Although children of military personnel experience maltreatment, little research has been completed which compares child abuse rates in the military with those for civilian populations. Studies that have assessed child abuse in the armed forces have been based on official reports recorded in military central registries. Because a standardized method for recording child abuse does not exist, conclusions regarding the prevalence of abuse are often inaccurate. Methodological constraints such as differences in definitions, data collection, and utilization of records, make estimating

child abuse accurately in both military and civilian populations difficult.

Objective.

This study explores the prevalence of reported child abuse in the military and compares those rates to the civilian population.

Approach.

A review of the literature on child maltreatment in the services was conducted. Methodological issues that make estimating abuse difficult are examined. The literature also reveals that there are many correlates of child abuse unique to the military family. Risk and protective factors within military

life that may influence the occurrence of child maltreatment are discussed.

CONCLUSION

Although limited, the data that are available do show that child abuse is a significant, widespread, and growing child welfare problem. There are many correlates of child abuse in the military. Although many of these are not unique to the services, future research should pay special attention to risk factors that may be uniquely related to abuse and neglect in military families.

RESEARCH ON CHILD ABUSE IN THE U.S. ARMED FORCES

Awareness has been increasing in the United States that child maltreatment is a serious public health concern. In 1974, Congress officially recognized child abuse and neglect as problems and enacted the Child Abuse Prevention and Treatment Act. The act established the National Center of Child Abuse and Neglect, legally defined child abuse, and mandated reporting by professionals involved with children.¹ Shortly thereafter, the military services recognized the need to respond on behalf of military families and began developing treatment programs and services to address family violence.² In 1981, the Department of Defense (DoD) issued a directive requiring every service to establish Family Advocacy Programs to investigate cases of domestic violence and to provide services for the families involved. The directive further required the services to maintain central registries documenting all cases of abuse handled by the Family Advocacy Programs.^{2,3}

Despite the establishment of policies and programs to address issues related to child abuse in the military, little research has been done which compares maltreatment rates in the military vs. the civilian sector. Some authors suggest that a higher incidence rate of child abuse exist within military families,^{4,5} while others maintain the incidence is lower.⁶ Studies that have assessed the extent of child abuse in the

Studies should avoid the pitfall of relying solely on central registry data to estimate rates of child abuse and neglect. When central registry data are used, methodological issues such as differences in reporting procedures, definitions, utilization of case records, and data collection need to be addressed. Finally, findings indicate that, as in civilian life, child maltreatment in the military is embedded in complex biopsychosocial processes and in the context of individual, family, and community dynamics.

military have been based on official reports recorded in DoD Family Advocacy central registries.^{1,3,7,8} Few detailed comparative analyses of child abuse rates have been conducted, and none have been based on surveys of representative groups of military families.

The few studies that have analyzed data from Family Advocacy central registries have reported a lower incidence of abuse overall than have studies of child abuse among the civilian U.S. population. Over a 27-month period from October 1978 to December 1980, James et al.⁸ found a yearly incidence rate of 250 reports of child abuse in the Army central registry per 100,000 children. They compared this with a national incidence rate of 968 reports per 100,000 children reported by the National Center on Child Abuse and Neglect. From 1988 to 1997, McCarroll et al.⁹ estimated that there were between 6.59 and 7.71 substantiated cases of child abuse yearly in the Army central registry per 1,000 Army children. From 1987 to 1992, Mollerstrom et al.³ reported annual rates of substantiated cases in Air Force Central Registries ranging from 6.38 to 7.04 per 1,000 Air Force children. Finally, Raiha and Soma⁶ found 7 substantiated cases per 1,000 Army children. They compared this with the almost double rate of 14 per 1,000 reported by the U.S. Department of Health and Human Services. A nationwide survey of data from state

Child Protective Service agencies, found an even higher average of 16 cases of child abuse per 1,000 U.S. children.¹⁰

Aside from lower overall abuse rates, several studies have noted different percentages of specific types of abuse in reports to military vs. civilian agencies (see Table 1). In particular, there tend to be lower rates of neglect among military families,^{1,5,6} and higher rates of physical abuse.⁵ However, relying on rates of documented cases may bias estimates of abuse in the military community. Physical abuse is often easier to substantiate than is neglect.¹ On the

other hand, research suggests that neglect may be lower in military communities due to a number of protective factors within the services discussed further below.⁶ The accuracy of these conclusions and the possible factors contributing to them have not yet been adequately studied. In order to evaluate whether one type of abuse is more or less common in the military, it would be necessary to document and compare substantiated, unsubstantiated, and unreported childhood abuse among military and civilian families. Such rates are difficult to estimate.

Table 1. Percentage Breakdown of Specific Types of Abuse in Substantiated Reports to Civilian Child Protective Services and Military Family Advocacy Programs

Author	Years	Population	Type of Abuse			
			Physical	Sexual	Emotional	Neglect
Military Studies						
Dubanoski & McIntosh ²²	1978-81	All military in Hawaii	46%	7%	<1%	46%
McCaroll et al., ^{9ab}	1975-97	Army	36%-65%	2%-17%	<1%-19%	31%-56%
Mollerstrom et al., ^{3ac}	1987-92	Air Force	38%-43%	12%-16%	6%-12%	32%-39%
Raiha & Soma ^{6c}	1992-93	Army	42%	17%	10%	29%
Civilian Studies						
Daro & McCurdy ^{10c}	1990	50 States	25%	14%	9%	47%
Dept. of Health & Human Services ^{36bc}	1992	49 States	23%	14%	5%	49%

^aRanges are reported for studies which computed statistics separately for multiple years. ^bIndicates studies with abuse categories that were not mutually exclusive. ^cIndicates studies reporting "multiple" and "other" abuse categories which have been omitted from this table.

Challenges in Assessing Child Abuse Among Military Families

Caution is required in drawing conclusions about rates of child abuse from reports to Child Protective Services and military Family Advocacy Programs. The process by which any abusive incident may be reported and substantiated is complex.⁶ Unfortunately, a standardized method for recording child abuse reports does not exist within the DoD or across the nation.¹¹ Additionally, each branch of the service and each state employ different definitions for abuse and neglect, usually characterized by vague terminology subject to interpretation. This lack of

uniform definition requires the researcher to develop and consistently utilize a single definition, which at times may require an independent classification of a case as invalid, suspected, potential, or established abuse and neglect.¹²

There have been differences in civilian child abuse rates, which have been attributed to differential reporting procedures.¹¹ For example, some states record reports by the incident rather than by the case. Others keep records by family rather than by the individual child. States also vary in how they define terms such as abuse, neglect, perpetrator, report, etc. Using

official CPS records, which include only reported and substantiated cases of abuse, also makes it difficult to estimate the total population denominator to use in calculating rates.

The data in military central registries are flawed for many of the same reasons as CPS registries. The military has some advantage in estimating population denominators, since the DoD keeps accurate records of the total military population. However, reservists are sometimes deployed with active duty populations making estimation more difficult.⁹ Also, data are not collected for children who may be in the home, but are unrelated to the military sponsor. Similarly, if the abuser is not a military member then the abuse is not reported to FAP officials.¹²

Differences in regulations, data collection practices, and public awareness also effect rates of reported and substantiated cases of child abuse within the armed forces.^{9,13} One author¹² reviewed the FAP reporting procedures extensively and concluded that many reports filed in the registries have obvious errors, and frequently there is no system in place to monitor the accuracy of the reports. FAP agencies are often short staffed and do not have the time or resources to keep data up to date. In addition to these concerns, reporting procedures are often confusing and change frequently.¹² Some researchers suggest that there may also be a lack of understanding or acceptance of the need to submit information to the central registries. Military sponsors may fear that it will affect their employment. FAP personnel may find it burdensome, particularly when it comes to reporting unsubstantiated referrals.¹² Because many cases are never reported, child abuse rates based on official military reports will always underestimate the problem.⁹

Given that many cases of abuse are not reported to FAPs, it is doubtful that the reported cases are representative of the population. One of the greatest challenges in

determining rates of abuse is the fact that reports originating with CPS might never reach the attention of the military. The actual percentage of child abuse reports made to civilian agencies from military families is currently unknown. Therefore, abuse cases reported only to state CPS agencies can not be represented in DoD central registries.

Another possible bias affecting rates of child abuse in the military is how and through whom cases of child abuse come to the attention of authorities. There may be differences in the most likely sources of FAP referrals in comparison to state CPS referrals. For example, Wardinsky and Kirby⁵ reported that 38% of FAP referrals came from physicians while only 9% of CPS referrals were made by physicians. Some reasons that military doctors may be more likely to report abuse are that they tend to be younger, and they may be more likely to have received medical training in identifying cases of child abuse. Reporting suspected abuse may appear to be more risky to physicians in private practice than it does to physicians employed by the military.¹³

Risk Factors for Child Abuse. Several decades of domestic violence research among civilian populations has established some consistent risk factors for child abuse. These can be grouped into three broad categories.

Demographic factors are consistently correlated with child abuse risks. For example, lower income and education level, unemployment, and younger ages of victims and perpetrators are related to the likelihood of child abuse.¹⁴ Demographics such as the age and gender of the victim and perpetrator are also related to the severity and specific type of abuse.^{15,16}

The individual characteristics of parents and caretakers of children are related to the likelihood of abuse. Some of the factors that might be included here are personal histories of victimization, marital status, drug and alcohol use, and parenting attitudes.^{14,17-20} Individual characteristics of

victims such as behavioral problems are also related to abuse.¹⁷

Family context and interaction patterns are related to abuse (i.e. high levels of contextual stress, social isolation, conflictual parent-child interactions, reliance on physical punishment in family discipline, lack of expressiveness in family interactions, marital conflict and spouse abuse, and low levels of parent-child interaction).^{14,21}

Risk Factors for Abuse in the Military.

Increased interest concerning child abuse and neglect in the military is likely due to the belief that some aspects of military life are unique correlates and causes of maltreatment.²² Some early researchers suggested that authoritarian employment contexts and high levels of exposure to violence at work might predispose parents to domestic violence.¹⁴

Most persons in the service today are not involved in combat occupations, and there is little support or research to indicate that the lifestyle of a soldier causes one to be more abusive.^{1,22} However, there are several risk factors for child abuse that might lead to higher rates of abuse within the military. Military families face a number of challenges that make them vulnerable to high levels of stress. These include financial burdens among junior enlisted members, long family separations, frequent moves, and isolation from family, friends, and relatives.²³⁻²⁵ Geographic mobility makes it difficult for parents to find out about and access local resources.²⁶ Additionally, programs and facilities at small installations may be limited in the services they provide to abusive families.²⁷

During deployment, the risk of child abuse may increase even further.²⁸ This may be because of the added stress and isolation for the spouse left behind, as they become de facto single parents. Many of these spouses report an enhanced sense of loneliness as well as difficulty making decisions and handling family finances. Some parents also report more trouble

managing child discipline, which is a risk for abuse.²⁸

Families assigned to locations outside the continental U.S. may be particularly vulnerable to the stress of social isolation and high operational tempo.^{29,30} Children are further vulnerable in a foreign country where they do not have access to Child Protective Services.³⁰ Although military families may fall under the jurisdiction of the local foreign authorities, it is less likely that they will understand and/or access these resources. Under these conditions, military Family Advocacy Programs become even more important. To date, there have not been any representative studies of child abuse among military families living outside of the U.S. It is particularly important for future research to focus on military members overseas as they may experience more risk factors for abuse.

As in the civilian population, the incidence of abuse and neglect in the military tends to be associated with younger ages of parents and caregivers.³ Enlisted personnel include high percentages of young parents.⁶ Abuse and neglect appears to be associated with rank, which is a key indicator of socioeconomic status within the military. Though officers comprise 15 percent of the military family population, several studies of substantiated cases of abuse have found that less than 3 percent involved officers' families.^{3,5,7} Some reasons for this observation might be that officers' families are generally older and their financial and educational levels are higher. It is possible, however, that abuse among officers' families is under-reported, as is probably the case among civilian middle and upper class families.

Finally, some researchers suggest that self-selection factors may lead individuals into the military that have poor support networks or coping skills in the civilian world and/or a history of abuse.^{27,31,26} Numbers of military personnel report that they have been victims of abuse themselves. Although estimates of

victimization rates among civilian populations vary considerably, Navy recruits reported rates that are at the higher end of published estimates.³² For example, in a 1994 Survey of Navy recruits, 28% of women and 9% of men indicated that they had been sexually abused prior to the age of 14. Studies of college samples have found rates for abuse that range from 12% to 22%³³⁻³⁵ for women and 5% to 24% for men.

Because empirical research on child abuse in military families has been scant and uncontrolled, it is impossible to verify whether heightened risk factors among military families actually increase rates of child abuse. Controlled studies of the role of military life-stress as a contributor to child abuse and neglect are needed. Future research should also use a longitudinal approach in order to explore how the risk of child abuse changes over time as families enter the service and as their sponsors move through military careers. One author²⁸ contends that families that have more experience with military stressors such as deployment tend to adjust better than those families that lack experience. Family coping strategies and resources should be tracked in relation to military stress over time in predicting the likelihood of child abuse.

Protective Factors for Abuse in the Military.

Despite the risks, there are a number of variables that might protect military children from the likelihood of abuse. Each military family has at least one parent who is employed, able to meet military performance criteria, and able to function effectively within a disciplined environment. He or she is also able to pass military qualification tests and is usually free from major mental health problems, repeated criminal conduct, or drug and alcohol abuse.⁶

In addition to parental factors, specific preventative and supportive measures have been advocated to deal with the chronic stresses faced by military children and families. Some of the programs and policies that have been initiated to

support military families include: military sponsors and support programs during PCS moves, the development of service wide community services such as day care centers, easy access to medical care, the availability of social work and mental health services, parent training classes, no cost legal assistance and financial planning services, and a structured military community that probably makes the recognition and reporting of child abuse more likely.^{1,6,9,14}

The establishment and on-going support of Family Advocacy Programs is a key protective factor.^{2,3} Family Advocacy workers have advantages that CPS workers do not, in that they can access the support of commanding officers to ensure that military members comply with treatment protocols. Within military communities it is also easier to coordinate the efforts of professionals, including law enforcement and healthcare workers, to address cases of child abuse. Finally, simple public awareness of military programs and policies regarding domestic violence may impact community attitudes and responses to the problem.

CONCLUSION

Many concerns about child abuse and neglect in the military community remain to be studied. Although limited, the data that are available do show that child abuse is a significant, widespread, and growing child welfare problem.²² A review of the research also reveals that there are many correlates of child maltreatment in the military. Although most of these are not unique to the services, in future research special attention should be paid to risk factors that may be uniquely related to abuse and neglect in military families. Future studies should avoid the pitfall of relying solely on central registry data to estimate rates of child abuse and neglect. When central registry data are used, methodological issues such as differences in reporting procedures, definitions, utilization of case records, and data collection need to be addressed. Finally, findings indicate that,

as in civilian life, child maltreatment in the military is embedded in complex bio-psycho-social processes and in the context of individual, family, and community dynamics. In the future, a better

understanding of the risk factors for child abuse as well as the ways that they can be influenced will hopefully be helpful to military children.

REFERENCES

1. Acord LD: Child abuse and neglect in the Navy. *Mil Med* 1977;141:862-8.
2. Bowen BL: Military Family Advocacy: A status report. *Armed Forces & Society* 1984;10:583-96.
3. Mollerstrom WW, Patchner MA, Milner JS: Child maltreatment: The United States Air Force's response. *Child Abuse Negl* 1995;19:325-34.
4. Lagrone DM: The military family syndrome. *Am J Psychiatry* 1978;135:1040-3.
5. Wardinsky TD, Kirby W: A review of child maltreatment at a USAF medical center. *Mil Med* 1981;146:328-31.
6. Raiha NK, Soma DJ: Victims of child abuse and neglect in the U.S. Army. *Child Abuse Negl* 1997;21:759-68.
7. McCaroll JE, Newby JH, Thayer LE, Norwood AE, Fullerton CS, Ursano RJ: Reports of spouse abuse in the U.S. Army Central Registry 1989 - 1997. *Mil Med* 1999;164:77-84.
8. James JJ, Furukawa TP, James NS, Mangelsdorff AD: Child abuse and neglect reports in the United States Army Central Registry. *Mil Med* 1984;149:205-6.
9. McCaroll JE, Newby JH, Thayer LE, Ursano RJ, Norwood AE, Fullerton CS: Trends in child maltreatment in the US Army, 1975-1997. *Child Abuse Negl* 1999;23:855-61.
10. Daro D, McCurdy K: Current trends in child abuse reporting and fatalities: The results of the 1990 Annual Fifty State Survey. Washington, DC: NCPA; 1991:30.
11. McCurdy K, Daro D: Child maltreatment: A national survey of reports and fatalities. *Journal of Interpersonal Violence* 1994;9:75-94.
12. Fluke JD, England P, McDaniel N, Coburn N: Comparison of Department of Defense Inter-Installation and Inter-Service Procedures for Central Registry Data Collection. Englewood, CO: American Association for Protecting Children; 1990:209.
13. Wood DA: International Aspect of Child Abuse in the Military and the Army's New Role as "Child Advocate". *Child Abuse Negl* 1977;1.
14. Steinmetz SK: Violence-prone families. *Forensic Psychology and Psychiatry: Annals of the New York Academy of Sciences* 1980;347:251-65.
15. Rosenthal JA: Patterns of reported child abuse and neglect. *Child Abuse Negl* 1988;12:263-71.
16. Hegar RL, Zuravin SJ, Orme JG: Factors predicting severity of physical child abuse injury. *Journal of Interpersonal Violence* 1994;9:170-83.
17. Thompson RW, Ruma PR, Brewster AL, Besetsney LK, Burke RV: Evaluation of an Air Force child physical abuse prevention project using the reliable change index. *Journal of Child and Family Studies* 1997;6:421-34.

18. Milner JS, Foody R: The impact of mitigating information on attributions for positive and negative child behavior by adults at low- and high-risk for child-abusive behavior. *J Soc Clin Psychol* 1994;13:335-51.
19. Milner JS, Robertson KR, Rogers DL: Childhood history of abuse and adult child abuse potential. *Journal of Family Violence* 1990;5:15-34.
20. Milner JS, Wimberley RC: An inventory for the identification of child abusers. *J Clin Psychol* 1979;35:95-100.
21. Mollerstrom WW, Patchner MA, Milner JS: Family functioning and child abuse potential. *J Clin Psychol* 1992;48:445-54.
22. Dubanoski RA, McIntosh SR: Child abuse and neglect in military and civilian families. *Child Abuse Negl* 1984;8:55-67.
23. Heyman RE, Neidig PH: A comparison of spousal aggression prevalence rates in U.S. Army and civilian representative samples. *J Consult Clin Psychol* 1999;67:239-42.
24. Lohner T: Child advocacy at Naval Regional Medical Center Portsmouth, Va. *US Navy Medicine* 1980:16.
25. Jensen PS, Lewis RL, Xenakis SN: The military family in review: Context, risk, and prevention. *J Am Acad Child Psychiatry* 1986;25:225-34.
26. Schwabe MR, Kaslow FW: Violence in the military family. In: Kaslow FW, Ridenour RI, eds. *The military family: Dynamics and treatment*. New York: Guilford Press; 1984.
27. Ledbetter EO: Child advocacy in the military community. *Mil Med* 1979;408-11.
28. Black WG: Military-induced family separation: A stress reduction intervention. *Soc Work* 1993;38:273-80.
29. Wichlacz CR, Randall DH, Nelson JH, Kempe CH. The characteristics and management of child abuse in the U.S. Army -- Europe. *Clin Pediatr* 1975;14:545-8.
30. Altman-Schevitz B: Protecting American victims of abuse stationed with the military in Germany: A gap between regulation and reality. *Response* 1990;13:14-16.
31. Merrill LL, Newell CE, Hervig LK, Booth-Kewley S, Patriarca LA, Gilman PA: Pre-enlistment maltreatment histories of U.S. Navy basic trainees: Prevalence rates for the 2nd Quarter of 1994 and the 4th Quarter of 1996. San Diego, CA: Naval Health Research Center; 1997:69.
32. Merrill LL, Hervig LK, Newell CE: Pre-enlistment maltreatment histories of U.S. Navy basic trainees: Prevalence of abusive behaviors. San Diego, CA: Naval Health Research Center; 1995:82.
33. Haugaard JJ, Emery RE: Methodological issues in child sexual abuse research. *Child Abuse Negl* 1989;13:89-100.
34. Finkelhor D: Sexually victimized children. Newbury Park, NJ: Sage; 1979.
35. Fromuth ME, Burkhart BR: Childhood sexual victimization among college men: Definitional

and methodological issues. *Violence
Vict* 1987;2:241-53.

36. U.S. Department of Health and
Human Services. Child

Maltreatment 1992: Reports from
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